

# ***CORPORATE COMPLIANCE PROGRAM***



**A Department of Will County, Illinois  
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## *SUNNY HILL NURSING HOME OF WILL COUNTY MISSION AND VALUES*

Sunny Hill Nursing Home of Will County is committed to not only providing our residents with the highest level of resident-centered care possible, but also to providing services and conducting business in an ethical and honest manner and within the bounds of the law. This Code of Conduct is intended to provide employees, volunteers, physicians and vendors and other agents of Sunny Hill Nursing Home of Will County with guidelines for conducting business in a manner which fulfills that commitment. The Code of Conduct is supplementary to the mission, vision and values of Sunny Hill Nursing Home of Will County and applies to all who provide services under the auspices of Sunny Hill Nursing Home of Will County or its affiliates.

In short, we do not and will not tolerate any form of unlawful or unethical behavior by anyone associated with Sunny Hill Nursing Home of Will County. We expect and require all personnel to be law-abiding, honest, trustworthy and fair in all of their business dealings. To ensure that these expectations are met, the Compliance Program has become an integral part of our corporate mission and business operations.

The standards contained in this Code of Conduct are important and provides guidance to ensure that all of our work is done in an ethical and legal manner. It is your responsibility to review it thoroughly. Your adherence to its spirit, as well as its specific provisions, is absolutely critical to the facility's future. In your daily work, if you encounter a situation or proposed course of conduct, and you are unsure whether it is allowed by the Code of Conduct, raise the issue with your supervisor, with the Compliance Officer (Assistant Director of Nursing/Risk Management) or by using the Compliance Hotline. It is a basic principle of the Compliance Program that there will be no retribution for asking questions, raising concerns about the Code or reporting possibly improper conduct.

Therefore any violation will be handled in accordance with the disciplinary action steps as outlined in Sunny Hill's work rules, personnel policies and collective bargaining agreement, whenever applicable.

## ***I. INTRODUCTION***

1. **Compliance Manual**. This Corporate Compliance Manual (includes the facility's Employee Handbook Policies and Procedures and additional resource materials) sets forth standards of conduct that personnel employed by or associated with Sunny Hill Nursing Home of Will County (the "Nursing Home") are expected to follow.

In creating this manual, the Nursing Home's goal is to ensure compliance with the myriad laws, rules and regulations that govern our daily operations, including, among other things, those relating to: (i) the quality of medical services we provide; (ii) our coding, billing and documentation of the services; (iii) our general business practices; (iv) our referral relationships. The Nursing Home also wants to ensure that we are operating pursuant to the highest ethical, legal and moral standards.

2. **Questions and Concerns**. Neither this manual nor our overall Compliance Program can cover every situation that you might face. As a result, if you are unsure of what the proper course of conduct might be in a specific situation, or if you believe that any of our standards of conduct or procedures (whether set forth in this Manual or elsewhere) may have been violated, then you are urged to contact the Nursing Home's Compliance Officer (Assistant Director of Nursing/Risk Management) at 815-727-8460 or the dedicated voice mail Compliance Helpline at 815-768-8464.

You may contact the Compliance Officer at any time, either in person or in writing, with any compliance-related question or concern you may have. Questions or concerns may be raised anonymously, if you wish. All reports to the Compliance Officer will be held in the strictest confidence possible, consistent with the need to investigate the matter.

## ***II. GOALS OF COMPLIANCE PLAN***

- Effectively prevent and detect criminal, civil and administrative violations
- Effectively promote quality of care
- Contain at least the minimum required statutory elements
- Provide public and vendor awareness of commitment to compliance and conduct
- Improve communications and feedback
- Provide internal control and risk management for the following areas:
  - Quality of care
  - Resident rights
  - Billing and cost reporting
  - Employee screening
  - Kickbacks, inducements and self-referrals
- Identifying and correcting of:
  - Absence of a comprehensive, accurate assessment of each resident's functional capacity and a comprehensive care plan
  - Inappropriate or insufficient treatment and services to address a resident's clinical conditions, including, but not limited to:
    - Pressure ulcers
    - Dehydration
    - Malnutrition
    - Incontinence of bowel and bladder
    - Mental or psychosocial issues

- Ensure that facility:
  - Accommodate resident's needs and preferences
  - Properly prescribe, administer and monitor prescription drug usage
  - Adequate staffing levels or sufficiently or trained staff to provide medical, nursing and related services
  - Provide appropriate therapy services
  - Provide appropriate services to assist residents with activities of daily living
  - Provide ongoing activity programs to meet resident needs
  - Report incidents of resident abuse or neglect to the Administrator and other officials as required by state and federal laws
  - No discriminatory admission procedure or denial of access to services
  - No mental, verbal or physical abuse
  - Appropriate use of physical/chemical restraints
  - Ensure personal privacy and access to medical records upon request
  - Ensure medical records are properly protected
  - Protection of right to participate in care-related and treatment decisions
  - Safeguard resident's financial affairs
  
- Billing and Cost reporting:
  - Billing for items or services provided as claimed
  - Submitting claims for items and services that are medically necessary
  - Submitting claims to Medicare Part A for residents for are eligible for coverage
  - No duplicate billing
  - Identify, properly report and refund any credit balances
  - Submitting claims for items or services that were ordered by physician
  - Not billing for substandard or inadequate care
  - Not providing misleading information on the Minimum Data Set (MDS) or providing inappropriate information to assign a RUG level for a resident
  - No upcoding the level of services billed
  - No billing for items or services that should be billed as part of a unit or daily rate (unbundling)
  - No billing residents for items or services that should be included in the per diem rate or billed to another payer
  - No alteration of documentation or falsification of physician signatures on information used to verify services or items ordered and provided
  - Maintain adequate documentation to support treatment, diagnosis, results and continuity of care
  - No falsification of cost report
  
- Employee Screening:
  - Verification of all licensed and certification of individuals (employees, temporary staff, contractors) through appropriate licensing authorities
  - Provide criminal background checks
  - Ensure that a potential employee is not excluded from the Medicare or Medicaid program
  - Periodic checking of the Office of Inspector General (OIG) and General Services Administration websites for newly excluded individuals or providers
  
- Kickbacks, Inducements and Self-referral Risk Areas:
  - Not waiving coinsurance or deductible amounts without a good faith collection effort
  - Not having agreements between skilled nursing facilities (SNFs) and transferring entities that involve inappropriate practices
  - No solicitation, acceptance or offering any gift or gratuity of more than a nominal value to referral sources or other entities with which the facility has a business relationship
  - No conditioning admission or the continued stay of a resident on a third-party guarantee of payment

- No arrangements with a hospital to accept admissions based on payments above PPS rates
- No financial arrangements with physicians, including the Medical Director (with the exception of his monthly, regular fee)
- No joint ventures
- No inappropriate vendor access to medical records
- No arrangements with vendors to receive non-covered items at below fair market value prices provided the organization orders Medicare or Medicaid billable items or services

### **III. CODE OF CONDUCT/COURTESY POLICY**

#### ***POLICY:***

It is the policy of Sunny Hill Nursing Home that while on Sunny Hill premises, employees shall exhibit courteous, helpful and respectful behavior to all persons, including other staff, residents, family members, volunteers, students, visitors, etc.

All incidents of alleged violations of unacceptable, discourteous, unprofessional and disruptive behavior will be promptly investigated by Administration. Involved staff may be suspended (paid) pending the outcome of the investigation, and subject to disciplinary action.

The Nursing Home has adopted the following Code of Conduct as a central part of our Compliance Program. Compliance with the Nursing Home's Code of Conduct is a condition of employment, and violation of these standards will result in discipline being imposed, up to and including possible termination.

#### ***DEFINITIONS:***

Unacceptable, discourteous, unprofessional and disruptive behavior may include, but is not limited to, behaviors such as:

- Attacks: verbal or physical upon residents, employees, family members, volunteers and visitors that are personal, irrelevant or beyond the bounds of fair professional conduct.
- Degrading or demeaning comments regarding residents, employees, family members, volunteers, visitors or the facility.
- Profanity or similarly offensive language while in the facility and/or speaking with other facility personnel, residents, family members, volunteers or visitors.
- Unfocused non-constructive derogatory comments about the quality of care being provided by the facility, another employee or any individual outside of appropriate administrative channels.
- Negative behaviors: abrupt – beginning, ending or changing subject suddenly; rude – rough or abrupt, offensively blunt or uncivil, imprudent, stormy, turbulent, lacking in discretion; sarcastic – something said which is ironical or scornful; contemptuous and taunting; biting gibes or cutting rebukes, disdainful, haughty, mock, sneer, scoff, a strong and authoritative expression of disapproval, to disapprove strongly.
- Negative body language: looking away, up or down; rolling eyes, facial grimace or frown, arms crossed in front of you; raising voice – getting louder than usual, a noticeable difference in loudness of voice during conversation; complaining in front of residents, families and visitors; detached, aloof – distant, especially in manner, not in sympathy with or desiring to associate with others; demanding; arrogant – overbearing, haughty, unduly proud, “short” when referring to answering questions or making statements briefly in a few words versus taking the time to provide a more complete explanation; confrontational – to stand face to face defiantly; defiant – bold opposition, disregard of authority, rough, surly, unapproachable; churlish rude, hard to work with or manage; cold – feeling no warmth, displaying no feeling or passion, indifferent; haughty – disdainful, scornful, to consider unworthy of one's regard or notice, to reject as beneath oneself, treat with contempt or scorn, contemptuous; contempt – the act of despising, willful disregard of authority, despise, to regard as contemptible or worthless, rebuke. Discuss disagreements in a calm manner, without raising voice.

1. **Professional and Courteous Behavior.** All staff of Sunny Hill Nursing Home must:

- Refrain from discussing difference in front of visitors, residents, etc. Disagreement, discussion or controversy is not to occur in front of resident(s) or family members, visitors, etc.

- Avoid participating in gossip and the spreading of rumors
  - Project positive and professional behavior with all you come in contact with
  - Always answer questions asked politely and in a friendly manner
  - Personal dislike of person present should not be apparent
  - Exhibit appropriate use of body language.
2. **Honesty and Lawful Conduct.** Personnel and Nursing Home affiliated physicians and service providers must be honest and lawful in all of their business dealings and avoid doing anything that could create even the appearance of impropriety. They must comply with the Code of Conduct and report any action that they think may be unlawful.
  3. **Comply with the law.** Sunny Hill Nursing Home of Will County is subject to numerous local, state and Federal laws pertaining to all aspects of its operation. All employees are required to understand and abide by those laws which are applicable to them in the performance of their jobs.
  4. **Provide excellent resident care.** The facility employees shall strive to treat all residents with a spirit of kindness, patience and understanding. Each resident is an individual and shall be treated as such. Each resident should be respected, with their needs and desires considered as health care and residential decisions are being made. Steps shall be taken so that each resident (or their POA/agent) understands his or her treatment needs and options, treatment methods utilized and treatment outcomes. Sunny Hill Nursing Home of Will County will provide services in a manner that does not discriminate against any person because race, color, religion, national origin, age, disability, sexual orientation, or gender. At all times, competent and qualified individuals provide appropriate care, while considering the safety and well being of the residents.
  5. **Protect Confidential Information.** Sunny Hill Nursing home of Will County is committed to maintaining the confidentiality of resident, personnel and other proprietary information in accordance with applicable legal and ethical standards. Consistent with HIPAA (Health Insurance Portability and Accountability Act), we do not use, disclose or discuss resident specific information with others unless it is necessary to serve the resident or otherwise required by law.
  6. **Compliance with Federal and State Anti Referral and Health Care Fraud and Abuse Legislation.** Federal and state law makes it unlawful to pay any individual on the basis of the value or volume of referrals of residents. This includes the giving of any form of remuneration, including virtually anything of value, in return for a referral. In compliance with the federal and state anti-referral laws, the facility does not pay any incentives to any personnel based upon the number of residents admitted for treatment or the value of services provided. Nor does the facility pay physicians, or anyone else, either directly or indirectly, for resident referrals. The decision to refer residents is a separate and independent clinical decision made by the referring physician or health care provider.

The facility does not accept any form of remuneration in return for referring our residents to other health care providers. Rather, in discharging residents and referring them to other providers, it is the facility's policy: (i) that such referrals will be based on the resident's documented medical need for the referred service and the ability of the referred provider to meet that need; and (ii) that the resident's freedom to choose the provider is at all times respected and honored.

All contracts, leases and other financial relationships with other healthcare medical providers who have a referral relationship with the facility will be based on the fair market value of the services or items being provided or exchanges, and not on the basis of volume or value of referrals of Medicare and Medicaid business between the parties.

7. **Duty of Loyalty.** All facility personnel owe a duty of loyalty, honesty and fidelity to Sunny Hill Nursing Home of Will County. This duty particularly requires compliance with the following facility policies:

- a. **Conflicts of interest.** All facility personnel are to disclose to the Compliance Officer any conflicts of interest in outside companies, entities or concerns. Conflicting interests can include both financial interests and non-financial relationships with entities that compete or do business with the facility, and include any interests that otherwise could create an appearance that the personnel's conduct on behalf of the facility might be compromised in some way by the competing interest. Conflicts must be reported even if the conflict arises because only an immediate family member has the interest in the other entity.
- b. **Gifts and Hospitality.** Personnel may not accept gifts and hospitality from residents, resident's family members, vendors or contractors doing business with the facility if doing so would create an appearance that the gift or hospitality is being provided to induce the personnel to act in his or her own benefit (over the facility's). Cash may not be accepted under any circumstance. (Facility policy). If resident is insistent, all cash is to be placed into the resident's trust account via the Finance Office. Personnel may accept business entertainment consistent with what is reasonable under the circumstances, as long as the offered entertainment is not for the purpose of improperly influencing the personnel's business behavior. Items of nominal value, such as holiday cookies or candy that are tokens of appreciation, may be accepted. If you have any question or concern whether the acceptance of an offer of a gift or hospitality may be improper, you should immediately raise your concern with the Compliance Officer.

The Will County Gift Ban states that no officer or employee, and no spouse or immediate family member living with any officer or employee (collectively referred to herein as "recipients"), shall intentionally solicit or accept any gift from any prohibited source, as defined herein, or which is otherwise prohibited by law or ordinance.

- c. **Keep Accurate and Complete Records.** It is essential that the facility report accurate information to governmental entities and other third parties. In order to meet this obligation, it is equally essential that every employee accurately and clearly report the relevant facts or the true nature of a transaction. No employee should knowingly or with reckless disregard for the truth make any false or misleading statement on any form or to any other employee or auditor for Sunny Hill Nursing Home of Will County. All resident records must meet the documentation standards required for quality care and to meet reimbursement regulations. Any individual who contributes to the medical record must provide accurate documentation and never alter or destroy anything that is part of the official medical record. Employee travel or other business related expenses must be accurately documented and supported when seeking reimbursement from the facility. Medical records and other business documents will be retained in accordance with state and Federal law.
- d. **Conduct Political Activities According to Law.** The employees of Sunny Hill Nursing Home of Will County are prohibited from participation in prohibited political activities during any compensated time; intentionally use any property or resources of the facility (or Will County; including County or facility issued cell phones, vehicles or other facility/County property or resources, in connected with any prohibited political activity. At no time shall any facility/County employee or officer require any other officer or employee to:
- Perform any prohibited political activity (i) as part of that officer's or employee's duties (ii) as a condition of employment, or (iii) during any compensated time off (such as holidays, vacation or personal time off)
  - Participate in any prohibited political activity in consideration for that employee or officer being awarded additional compensation or any benefit, whether in the form of a salary adjustment, bonus, compensatory time off, continued employment or otherwise, nor shall any officer or employee be awarded additional compensation or any benefit in consideration for his or her participation in any prohibited political activity.

Sunny Hill Nursing Home of Will County may participate in lobbying activities or advocating the passage or defeat of certain legislation that pertains to issues that affect the healthcare community. Lobbying activities, or advocating the passage or defeat of certain legislation, shall not constitute a substantial part of the activities of the facility.

8. **Responsibilities.** All personnel have the following responsibilities under the Compliance Program:
  - Employees must know and follow the federal and state laws, rules and regulations that apply to their jobs; comply with standards set forth in the facility's Code of Conduct and any applicable compliance protocols; and recognizes that any violation of these standards of conducts will result in disciplinary action.
  - Administration, Department Heads, Assistant Department Heads, Supervisors (RN and LPN) must create and maintain a work environment in which ethical concerns can be raised and openly discussed. They must also ensure that all staff understands the importance of the Corporate Compliance Program and the Nursing Home's Code of Conduct, and that staff are aware of the reporting procedures for suspected unlawful activity.
  - Contractors and Other Providers. All persons and entities with which the facility contracts will receive a copy of Sunny Hill Nursing Home of Will County's Compliance Manual and be asked to cooperate with our Compliance Program. This includes individual physicians, physician groups, vendors, contractors and other healthcare providers. These other parties will also be encouraged to adopt their own Compliance Programs where appropriate.
9. **Protect the Environment.** It is the policy of this facility to comply with all state and federal laws protecting the environment. Employees shall dispose of all waste and other materials and store all chemicals and substances in accordance with applicable laws and regulations. It is important to file all necessary environmental reports accurately and promptly and to cooperate fully with all governmental authorities in the event of an environmental incident.
10. **Provide a Safe Workplace.** It is the policy of this facility to comply with all applicable state and federal laws designed to improve workplace safety. This facility is committed to training employees to carry out their work in a manner that is safe for them, their coworkers and the residents they serve. Sunny Hill Nursing Home of Will County does not employ or contract with individuals or entities that are excluded or ineligible to participate in federal healthcare programs, suspended or debarred from Federal government contracts, or has been convicted of a criminal offense related to the provision of healthcare items or services and has not yet been reinstated in a Federal healthcare program, provided that we are aware of such criminal offense.
11. **Appropriately Use Its Assets.** All employees are charged with protecting and preserving the facility's assets and resources by following procedures to prevent their loss, theft or unauthorized use.
12. **Protect Access to Information Systems.** Sunny Hill Nursing Home of Will County is committed to adhering to all applicable intellectual property laws. All software used in connection with the facility's business must be properly licensed and used in accordance with that license. Additionally, the facility will respect the intellectual property and copyright laws regarding books, trade journals and other applicable resources.
13. **Other Policies and Procedures.** In addition to the Code of Conduct and Compliance Procedures set forth in this Manual, the facility has topic- or department-specific compliance policies and procedures. These additional policies and procedures are an integral part of the Compliance Program and are designed to complement the procedures and standards set forth in this Manual.



The following policies are provided in the Sunny Hill Nursing Home Employee Compliance Handbook:

- Resident Abuse, Neglect and Mistreatment Prohibition Program
- Fire and Disaster Plan Summary
- Employee Attendance
- Benefit Time
- Employee Communication/Entertainment Equipment Use (ADM-366)
- Employee Lockers
- Employee Parking
- Employee Visitors
- False Claims Act
- Family medical Leave (FMLA)
- Harassment
- Leave of Absence
- Non-Discrimination/Equal Employment Opportunity
- Uniform Policy
- Uniforms: Voucher System
- Workplace Violence
- Exposure Control Plan

The following materials are provided in the Sunny Hill Nursing Home Employee Compliance Handbook:

- Vision – Mission – Core Values Statement/Pillars of Excellence
- Sunny Hill History
- Resident's Rights for People in Long-Term Care Facilities in Illinois
- Resident Centered Care Guidelines
- Staff Values and Principles
- Definition of an Elder & What is a Resident?
- HIPAA 101
- Definitions

#### IV. COMPLIANCE PROCEDURES

1. **Compliance Personnel and Procedures.** The following compliance personnel and procedures are available to all Nursing Home employees.
  - a. **Compliance Officer.** The Compliance Officer is responsible for receiving and responding to all reports, complaints and questions about compliance issues. The Compliance Officer is also responsible for tracking new developments, ensuring appropriate compliance reviews are performed and conducting compliance training.
  - b. **QACI Committee.** The Compliance Officer will present an annual report to the QACI Committee on the Compliance Program that includes (i) the Compliance Program's goals, objectives and work plan; (ii) an assessment of risk areas and how resources should be allocated to address such risks; and (iii) a review of how goals and objectives were or were not met for the prior year.
  - c. **Compliance Committee.** A Committee comprised of the Compliance Officer, members of Administration (including certain department heads) will meet at least on an annual basis to review the implementation and progress of the Compliance Program. As necessary, the Committee will meet more frequently to address any specific Compliance-related concerns or issues that may arise.
  - d. **Reporting and Complaint Procedures.** All personnel can and should raise any question they might have about potentially unethical or illegal conduct with the Compliance Officer.

- e. **Confidentiality and the Compliance Helpline.** Your report or question may be raised anonymously, if you choose, and will be held in the strictest confidence possible, consistent with the need to investigate any allegations of wrongdoing. Personnel who do not wish to contact the Compliance Officer directly, may instead raise an issue or report a compliance concern by calling the dedicated voice mail “Compliance Helpline.”
- f. **Inquiry by the Compliance Officer.** Upon receiving a report of possible unethical or illegal conduct, the Compliance Officer will conduct an inquiry, as appropriate, in consultation with outside counsel, if necessary.
- g. **No Retaliation Allowed.** Retaliation in any form against an individual who in good faith reports possible unethical or illegal conduct is strictly prohibited and is in itself a serious violation of the Code of Conduct.

2. **Corrective Action and Discipline.**

- a. **Corrective Action.** Violations of the Code of Conduct may warrant corrective action, including, but not limited to:
  - Refunding overpayments;
  - Additional training for personnel;
  - Personnel being disciplined, including discharged;
  - Suspension of billing for a particular provider or service
  - Modification or improvement of the Nursing Home’s business practices and;
  - Modification or improvement of the Compliance Program itself to better ensure continuing compliance with applicable federal and state laws and regulations.
- b. **Discipline.** All personnel are expected to adhere to this Code of Conduct and compliance standards. If the Compliance Officer concludes, after an appropriate investigation, that these standards have been violated, then appropriate discipline (including, as appropriate, an oral warning, written warning, final warning, suspension and/or discharge) may be imposed. The imposition of discipline can be based on the personnel’s:
  - Unlawful or unethical actions,
  - Condoning or failing to report unlawful actions by others,
  - Retaliation against those who report suspected wrongdoing, or
  - Other violation of the Code of Conduct and Compliance Standards.

3. **Compliance Assurance Monitoring.** The Compliance Officer will be responsible for continued monitoring of compliance with this Manual and all applicable federal and state rules, laws and regulations.

- a. **Tracking New Developments.** On a continuing basis, the Compliance Officer will keep abreast of, and review, all new regulatory or legal requirements issued by the federal or state government, including, but not limited to:
  - The monthly Medicare Information Resource;
  - Department of Health Medicaid Updates;
  - All new rules governing the documentation, coding and billing of services provided by the Nursing Home;
  - Annual updates to the Current Procedural Terminology (CPT) and;
  - New Fraud Alerts issued by the Office of Inspector General.

Based on any relevant new developments, the Compliance Officer will review existing policies and procedures to ensure that the Nursing Home is in compliance with federal and state requirements.

- b. **Ongoing Compliance Reviews.** On a regular basis, the Compliance Officer will cause audits to be conducted, which may include, but will not be limited to, ensuring that:
- The documentation and coding for both in-resident and out-patient services being billed by the Nursing Home are accurate and complete, including the documentation and coding of physician services, outpatient testing or procedures, clinic services, or other Nursing Home services;
  - Computer systems do not automatically insert information that is not supported by the documentation;
  - If patterns of claims denials exist, they are detected; evaluated to determine the cause and appropriately corrected;
  - Third-party audits are reviewed to determine if those results reflect any systematic deficiency or problem in the Nursing Home's compliance with state or federal rules, regulations or laws;
  - Credit balances are tracked and refunded to appropriate payors;
  - Personnel conform to appropriate policies concerning marketing and the giving or receiving of gifts and business entertainment;
  - The Nursing Home's competitive bidding policies as outlined in the Will County Purchasing Ordinance are appropriately followed;
  - The Nursing Home's business practices are in compliance with applicable laws, rules and regulations. Such audits might include a review of the Nursing Home's credit balance, its practice of waiving co-payments or providing professional courtesy, and the fair market value of leases, equipment rental agreements, or personal service contracts with other providers.
- c. **Exclusion Reviews.** On an annual basis, the Compliance Officer or a designee will review the OIG's and GSA's exclusion databases to ensure that the Nursing Home does not employ or contract with anyone who has been excluded from participating in federal healthcare programs. These databases will also be reviewed upon hiring of new personnel/contracting with new individuals or entities.
4. **Training.** The Compliance Officer will ensure that all personnel receive compliance and ethics training.
- a. **Compliance Manual.** The Compliance Officer is responsible for ensuring that this Compliance Manual is distributed to all personnel and for maintaining a file containing each person's signed acknowledgment form. All newly hired personnel should also receive a copy of this Manual and submit a signed acknowledgment form to the Compliance Officer.
- b. **Annual Training.** The Compliance Officer is responsible for ensuring that an annual review occurs for all staff regarding this Compliance Manual and the requirements of the Compliance Program. In addition, the Compliance Officer will develop a schedule of occasional training on compliance issues, as necessary, for new and existing personnel. The Compliance Officer will maintain a record of all personnel who have attended such training.
- c. **Remedial Training.** Finally, the Compliance Officer will be responsible for any remedial training that is required as part of the Compliance Program.

5. **Compliance Contacts and Numbers.** Nursing Home personnel may contact the Compliance Officer with any compliance question or issue. The people and telephone numbers to call are:
- **The Compliance Officer.** The Compliance Officer is the Assistant Director of Nursing/Risk Manager who can be reached at (815) 727-8460.
  - **The Compliance Coordinator.** The Compliance Coordinator is the Administrator who can be reached at 815-727-8650.
  - **Compliance Helpline.** The dedicated voicemail Helpline number is 815-768-8464.
  - **Compliance Fax Number.** The Compliance fax number is 815-774-4375.

### **ACKNOWLEDGMENT OF RECEIPT**

I acknowledge that I have received a copy of the Compliance Manual for Sunny Hill Nursing Home of Will County's Compliance Program (includes Employee Handbook policies and procedures and additional resource materials).

I agree to read the manual, to conduct myself in conformity with all of its requirements, to adhere to the spirit and letter of the Code of Conduct, and to cooperate with management in carrying out the objectives of the Compliance Program.

Acknowledged and agreed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Job Title

\_\_\_\_\_, 20\_\_\_\_  
Today's Date